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TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L. **This Report Covers Calendar Year: 2012 ⊠ORIGINAL REPORT** MAMENDED REPORT FINAL REPORT WHERE TERM ENDS IN JANUARY (JANUARY 1 THROUGH JANUARY Final reports must be filed on or before May 15 of the year in which your service to that office ends. Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility. Office/Position Held: CHIEF OF POLICE Name of Filer (print full name) ARTHUR S. LAWSON, Jie Mailing Address 20 DERBES DRIVE City, State, Zip GRETNA, LA 70053 Name of Spouse (print full name) BRENDA M. LAWSON Spouse's Occupation JUDICIAL ASSISTANT, JEFFERSON PARISH SECOND PARISH COURT Spouse's Principal Business Address 200 DERBIGNY STREET **GRETNA, LA 70053** City, State, Zip Check all that apply: \boxtimes I have filed my state income tax return for the previous year. I have filed for an extension of my state income tax return for the previous year. ⊠I have filed my federal income tax return for the previous year. ☐ I have filed for an extension of my federal income tax return for the previous year. I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure. **Certification of Accuracy** I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief. Signature of Filer Sworn to and subscribed before me this ______ day of ________ 20 _______. Notary Public (print name) Notary Public (signature) Date Commission Expires

Form 416A

Revised December 2012

Post Office Box 4368 Baton Rouge, Louisiana 70821

Schedule A: Employment Information

⊠Filer □Spouse	
Job Title: CHIEF OF POLICE	
Name of Employer: CITY OF GRETNA	LA
Address: P.O. BOX 404	
City, State, Zip: GRETNA, LA 70	053
Job Description: CHIEF OF POLICE	
⊠Filer □Spouse	□Full-Time ☑Part-Time
Job Title: PART OWNER	
Name of Employer: METRO GAMING	& AMUSEMENT, INC.
Address: 1800 LAFAYETTE S	TREET
City, State, Zip: GRETNA, LA 70	053
Job Description: PART OWNER	
□Filer ⊠Spouse	☑Full-Time ☐Part-Time
Job Title: JUDICIAL ASSISTANT	
Name of Employer: JEFFERSON PARI	5H SECOND PARISH COURT
Address: 200 DERBIGNY STE	
City, State, Zip: GRETNA, LA 70	053
Job Description: JUDICIAL ASSISTA	NT
□Filer □Spouse	Full-Time Part-Time
Job Title:	
Name of Employer:	
Address:	
City, State, Zip:	

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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Schedule B: Positions - Business

⊠Filer □Spouse □Both				
Amount of Interest (amount exceeds 10%): 25	<u></u> %			
Name of Business: METRO GAMING & AMUSEMENT, INC.				
Address: 1800 LAFAYETTE STREET				
City, State, Zip: GRETNA, LA 70053				
Business Description: AMUSEMENT COMPANY	·			
Nature of Association: PART OWNER				
Amount of Interest (amount exceeds 10%): 50	%			
Name of Business: AMBASSADOR COURT APARTMENTS				
Address: FREDERICKS STREET			<u> </u>	
City, State, Zip: GRETNA, LA 70053				
Business Description: APARTMENT COMPLEX				
Nature of Association: PART OWNER		i.		
⊠Filer □Spouse □Both	<u> </u>			
Amount of Interest (amount exceeds 10%): 33.33	%			
Name of Business: B-3 BINGO INVESTMENTS, LLC				
Address: 1800 LAFAYETTE STREET				
City, State, Zip: GRETNA, LA 70053				
Business Description: AMUSEMENT COMPANY				
Nature of Association: PART OWNER			-	

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule B: Positions - Business

⊠Filer □Spouse □Both			
Amount of Interest (amount exceeds 10%): 25	%		
Name of Business: SPILLWAY INVESTMENTS, LLC	· ·		
Address: 1800 LAFAYETTE STREET			
City, State, Zip: GRETNA, LA 70053			
Business Description: REAL ESTATE COMPAN	NY		
Nature of Association: PART OWNER			
⊠Filer □Spouse □Both			
Amount of Interest (amount exceeds 10%): 33.33	%		
Name of Business: STATEWIDE DISTRIBUTORS, LL	C		
Address: 1800 LAFAYETTE STREET			
City, State, Zip: GRETNA, LA 70053			
Business Description: AMUSEMENT COMPAN	NY		
Nature of Association: PART OWNER		· · · · · · · · · · · · · · · · · · ·	
⊠Filer □Spouse □Both		****	
Amount of Interest (amount exceeds 10%): 25	%		
Name of Business: BAM BAM, INC.			
Address: 1800 LAFAYETTE STREET			
City, State, Zip: GRETNA, LA 70053			
Business Description: AMUSEMENT COMPAN	NY		
Nature of Association: PART OWNER			

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule B: Positions - Business

⊠Filer □Spouse □Both	
Amount of Interest (amount exceeds 10%): 25	%
Name of Business: METRO GAMING INVESTMENTS, LLC	
Address: 1800 LAFAYETTE STREET	
City, State, Zip: GRETNA, LA 70053	
Business Description: AMUSEMENT COMPANY	
Nature of Association: PART OWNER	
□Filer □Spouse ⊠Both	
Amount of Interest (amount exceeds 10%): 100	%
Name of Business: MONSTER PRODUCTIONS, LLC	
Address: 1800 LAFAYETTE STREET	
City, State, Zip: GRETNA, LA 70053	
Business Description: PRODUCTION COMPANY	
Nature of Association: OWNERS	
☐Filer ☐Spouse ☒Both	
Amount of Interest (amount exceeds 10%): 100	<u></u> %
Name of Business: MONSTER ENTERPRISES, LLC	
Address: 1800 LAFAYETTE STREET	
City, State, Zip: GRETNA, LA 70053	
Business Description: INVESTMENT COMPANY	
Nature of Association: OWNERS	

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule B: Positions - Business

☐ Check if not applicable	en e
⊠Filer □Spouse □Both	
Amount of Interest (amount exceeds 10%): 12.5	_%
Name of Business: WESTBANK COFFEE COMPANY, LLC	
Address: 1800 LAFAYETTE STREET	
City, State, Zip: GRETNA, LA 70053	
Business Description: COFFEE PRODUCT WHOLESALER	
Nature of Association: PART OWNER	
□Filer □Spouse ⊠Both	
Amount of Interest (amount exceeds 10%): 60	_%
Name of Business: LAWSON LAND & TIMBER, LLC	
Address: 1800 LAFAYETTE STREET	
City, State, Zip: GRETNA, LA 70053	
Business Description: LAND & TIMBER DEVELOPMENT	
Nature of Association: PART OWNER	
Filer Spouse Both	
Amount of Interest (amount exceeds 10%):	%
Name of Business:	
Address:	
City, State, Zip:	
Business Description:	
Nature of Association:	

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions - Nonprofit

□ Check if not applicable				
Filer Spouse				
Name of Organization:				
Address:				
City, State, Zip:				· · · · · · · · · · · · · · · · · · ·
Description of Organizati	ion:			
☐Filer ☐Spouse				
Name of Organization:	444			
Address:				
City, State, Zip:		and the second s		
Description of Organizat	ion:			
□Filer □Spouse				
Name of Organization:			-	
Address:				
City, State, Zip:				· .
Nature of Association:				
Description of Organizat	cion:			

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Schedule D: Income from the State, Political

Subdivisions, and of Gaining interests
☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☑Political Subdivision ☐Gaming Interest
Name of Business (if applicable): CITY OF GRETNA
Name of Income Source: CITY OF GRETNA-CHIEF OF POLICE
Address: P.O. BOX 404
City, State, Zip: GRETNA, LA 70053
Amount of Income (exact dollar amount): \$ 79,129.04
□ Spouse □ Business (where amount of interest exceeds 10%)
Type of Income: □State □Political Subdivision ⊠Gaming Interest
Name of Business (if applicable): STATEWIDE DISTRIBUTORS LLC
Name of Income Source: AMUSEMENT COMPANY
Address: 1800 LAFAYETTE STREET
City, State, Zip: GRETNA, LA 70053
Amount of Income (exact dollar amount): \$ 480.00
☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☐Political Subdivision ☒Gaming Interest
Name of Business (if applicable): BAM BAM, INC.
Name of Income Source: AMUSEMENT COMPANY
Address: 1800 LAFAYETTE STREET
City, State, Zip: GRETNA, LA 70053
Amount of Income (exact dollar amount): \$ 40,887.00

^{*} You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*} The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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Schedule D: Income from the State, Political

Check if not applicable Subdivisions, and/or Gaming Interests
☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: □State □Political Subdivision ☑Gaming Interest
Name of Business (if applicable): METRO GAMING & AMUSEMENT, INC.
Name of Income Source: AMUSEMENT COMPANY
Address: 1800 LAFAYETTE STREET
City, State, Zip: GRETNA, LA 70053
Amount of Income (exact dollar amount): \$ 389,741.88
☐ Image: ☐ Image: ☐ Business (where amount of interest exceeds 10%)
Type of Income: □State □Political Subdivision ⊠Gaming Interest
Name of Business (if applicable): B-3 BINGO INVESTMENTS, LLC
Name of Income Source: AMUSEMENT COMPANY
Address: 1800 LAFAYETTE STREET
City, State, Zip: GRETNA, LA 70053
Amount of Income (exact dollar amount): \$ 9,198.00
☐ Image: ☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: □State □Political Subdivision ⊠Gaming Interest
Name of Business (if applicable): METRO GAMING INVESTMENTS, LLC
Name of Income Source: AMUSEMENT COMPANY
Address: 1800 LAFAYETTE STREET
City, State, Zip: GRETNA, LA 70053
Amount of Income (exact dollar amount): \$ 137.00

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

^{*} You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

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Schedule D: Income from the State, Political

☐ Check if not applicable Subdivisions, and/or Gaming Interests
Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: □State ☑Political Subdivision □Gaming Interest
Name of Business (if applicable): JEFFERSON PARISH-SECOND PARISH COURT
Name of Income Source: JEFFERSON PARISH COURT JUDICIAL ASSISTANT
Address: 200 DERBIGNY STREET
City, State, Zip: GRETNA, LA 70053
Amount of Income (exact dollar amount): \$ 56,473.63
☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☒Political Subdivision ☐Gaming Interest
Name of Business (if applicable): JEFFERSON PARISH FINANCE AUTHORITY
Name of Income Source: BOARD MEMBER FEES
Address: 1221 ELMWOOD PARK BLVD
City, State, Zip: JEFFERSON, LA 70123
Amount of Income (exact dollar amount): \$ 5,700.00
Filer Spouse Business (where amount of interest exceeds 10%)
Type of Income: ☐State ☐Political Subdivision ☐Gaming Interest
Name of Business (if applicable):
Name of Income Source:
Address:
City, State, Zip:
Amount of Income (exact dollar amount): \$

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

^{*} You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

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Schedule E: Income Received from Employment

Limployment
Name of Source of Income: METRO GAMING & AMUSEMENT, INC.
Address: 1800 LAFAYETTE STREET
City, State, Zip: GRETNA, LA 70053
Nature of Services Rendered (pursuant to such employment): PART OWNER
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)
Filer Spouse Part-Time
Name of Source of Income:
Address:
City, State, Zip:
Nature of Services Rendered (pursuant to such employment):
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)
Filer Spouse Part-Time
Name of Source of Income:
Address:
City, State, Zip:
Nature of Services Rendered (pursuant to such employment):
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

^{*} You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

^{*}Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

^{*}Income received through self-employment is reported on SCHEDULE F.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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Schedule F: Income Received from Business Interests

☐ Check if not applicable	Business Interests
AGGREGATE AMOUNT OF IN Category I (less than \$5,000)	COME RECEIVED FROM BUSINESS INTERESTS: Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
⊠Filer □Spouse	
Name of Business: SPILLWAY IN	VESTMENTS, LLC
Address: 1800 LAFAYETTE	STREET
City, State, Zip: GRETNA,	LA 70053
Nature of services rendered OR reason income was received:	REAL ESTATE LEASED
⊠Filer	
Name of Business: AMBASSADO	DR COURT APARTMENTS
Address: FREDERICKS STR	EET
City, State, Zip: GRETNA L	.A 70053
Nature of services rendered OR reason income was received:	REAL ESTATE LEASED
⊠Filer □Spouse	
Name of Business: LAFAYETTE S	ST. GRETNA APARTMENTS (OWNED PERSONALLY)
Address: 530, 532 & 536 L	AFAYETTE STREET
City, State, Zip: GRETNA,	LA 70053
Nature of services rendered OR reason income was received:	REAL ESTATE LEASED

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{*}You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*}Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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Schedule F: Income Received from Business Interests

☐ Check if not applicable	Business Interests
AGGREGATE AMOUNT OF INC	COME RECEIVED FROM BUSINESS INTERESTS: Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
Filer Spouse	
Name of Business: MONSTER EN	ITERPRISES, LLC
Address: 1800 LAFAYETTE	STREET
City, State, Zip: GRETNA, L	.A 70053
Nature of services rendered OR reason income was received:	PARTNER
⊠Filer	
Name of Business: MONSTER PE	RODUCTIONS, LLC
Address: 1800 LAFAYETTE	STREET
City, State, Zip: GRETNA,	LA 70053
Nature of services rendered OR reason income was received:	PARTNER
⊠Filer	
Name of Business: WESTBANK	COFFEE CO., INC.
Address: 1800 LAFAYETTI	E STREET
City, State, Zip: GRETNA,	LA 70053
Nature of services rendered or reason income was received:	PART OWNER

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

^{*}You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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Schedule F: Income Received from **Business Interests**

Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
Category III (\$25,000-\$100,000)	⊠ Category IV (more than \$100,000)	
∏Filer ⊠Spouse		
Name of Business: MONSTERE	NTERPRISES, LLC	<u> </u>
Address: 1800 LAFAYETT	E STREET	
City, State, Zip: GRETNA	LA 70053	
Nature of services rendered OR reason income was received:	PARTNER	
Filer Spouse		
Name of Business: MONSTER	PRODUCTIONS, LLC	
Address: 1800 LAFAYET	TE STREET	
City, State, Zip: GRETNA	, LA 70053	
Nature of services rendered OI reason income was received:	PARTNER	
Filer Spouse		
Name of Business:		
Address:		_;-
City, State, Zip:		<u> </u>
Nature of services rendered or reason income was received:	R	

^{*}You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*}Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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Schedule G: Other Income

Check it not applicable (any other income that exceeds \$1,000 from each source)
Filer Spouse
Description of Income:
Nature of services rendered or reason income was received:
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)
☐Filer ☐Spouse Description of Income:
Nature of services rendered or reason income was received:
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)
Filer Spouse
Description of Income:
Nature of services rendered or reason income was received:
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)

^{*}You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*}You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

^{*}Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

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Schedule H: Immovable Property (a property that exceeds \$2,000 in value)

Check if not applied	cable (a property that	exceeds \$2,000 in value)		
□Filer □Spouse	⊠Both			
Location of Proper	rty			
Country: United States	State: Louisiana	Parish/County:	Jefferson	
Description of Propert	y :			
RESIDENCE-20 DE	RBES DRIVE, GRETNA, LA 70053	3		
Fair Market or	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)		
Use Value:	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)		
☐Filer ☐Spouse	⊠Both			
Location of Proper	ty			
Country: United States	State: Louisiana	Parish/County:	Jefferson	
Description of Proper	y:			
AMBASSADOR AP	ARTMENTS-(1/2 INTEREST), FRI	EDERICKS ST, GRETNA, LA		
Fair Market or	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)		
Use Value:	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)		
⊠Filer □Spouse	□Both			
Location of Proper	ty			
Country: UNITED STAT	ES State: LOUISIANA	Parish/County:	JEFFERSON	
Description of Property:				
530, 532 & 536 LAI	FAYETTE ST., GRETNA, LA			
Fair Market or	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)		
Use Value:	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)		

^{*} You are required to disclose the location by country, state, and parish/county.

^{*} You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Schedule H: Immovable Property (a property that exceeds \$2,000 in value)

Check if not applicable ☐Filer ☐Spouse ☒Both Location of Property **Country: UNITED STATES** Parish/County: State: ALABAMA Description of Property: CONDOMINIUM UNIT, 809 W. BEACH BLVD, UNIT 901, GULF SHORES, AL Fair Market or Category I (less than \$5,000) Category II (\$5,000-\$24,999) Use Value: Category III (\$25,000-\$100,000) Category IV (more than \$100,000) ☐ Filer ☐ Spouse ☒ Both Location of Property Country: UNITED STATES State: ALABAMA Parish/County: WASHINGTON Description of Property: 120 ACRES LAND Fair Market or Category I (less than \$5,000) Category II (\$5,000-\$24,999) Use Value: Category III (\$25,000-\$100,000) Category IV (more than \$100,000) Filer Spouse Both Location of Property Country: Parish/County: State: Description of Property: Fair Market or Category I (less than \$5,000) Category II (\$5,000-\$24,999) Use Value: Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

^{*} You are required to disclose the location by country, state, and parish/county.

^{*} You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Schedule I: Investment Holdings (an investment holding that exceeds \$5,000)

□ Check if not applicable	(an investment holding that exceeds \$5,000)		
☐Filer ☐Spouse ☐Both			
Name of Security:			
Description of Security:			
Filer Spouse Both			
Name of Security:			
Description of Security:			
☐Filer ☐Spouse ☐Both			
Name of Security:			
Description of Security:			

^{*} You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

^{*} You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

^{*} You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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Schedule J: Transactions (a transaction that exceeds \$5,000)

□Filer □Spouse	□Both	
Transaction Date:		
Description of Transac	tion:	
Amount of Transaction:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
□Filer □Spouse	□Both	
Transaction Date:		
Description of Transac	ction:	
Amount of Transaction:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
□Filer □Spouse	□Both	
Transaction Date:		
Description of Transac	ction:	
Amount of Transaction:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
	Catagory III (\$25,000,\$100,000)	Category IV (more than \$100 000)

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

NZ Charle if not applicable

^{*} You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

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Schedule K: Liabilities

(a liability that exceeds \$10,000) ☐ Check if not applicable Filer Spouse Name of Creditor: Address: City, State, Zip: Name of Guarantor (If applicable): Filer Spouse Name of Creditor: Address: City, State, Zip: Name of Guarantor (If applicable): Filer Spouse Name of Creditor: Address: City, State, Zip: Name of Guarantor (If applicable): Filer Spouse Name of Creditor: Address: City, State, Zip: Name of Guarantor (If applicable):

^{*}You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

^{*}You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

^{*}You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

^{*}You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

^{*}You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

^{*}You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

^{*&}quot;Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

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Schedule L: Other Offices/Positions Held

☐ Check if not applicable

Name of Office/Position: JE	FFERSON PARISH FINANCE AUTHORITY/BOARD MEMBER	<u> </u>
Name of Office/Position:		

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^{*}You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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Schedule M: Positions - Business

∏Filer [Spouse	□Both
Name of Bus	iness:	
Addre	ess:	
City, S	State, Zip:	
Business De	scription: _	
Nature of As	sociation: _	
Amount of In	terest:	%
Filer [Spouse	□Both
Name of Bus	iness:	
Addr	ess:	
City,	State, Zip: _	
Business De	scription: _	
1		
Amount of In	terest:	<u> </u>
Filer	☐Spouse	□Both
Name of Bus	siness:	
Addr		
City,	State, Zip: _	
Business De	scription: _	
Nature of As	ssociation:	
Amount of In	terest:	

* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

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^{*} You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

^{* &}quot;Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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Schedule N: Income from the State and/or Political Subdivisions

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

□Filer □Spouse □Business	
Type of Income: ☐State ☐Political Subdivision	
Name of Business (if applicable):	
Name of Income Source:	
Address:	
City, State, Zip:	
Amount of Income (exact dollar amount): \$	
□Filer □Spouse □Business	
Type of Income: ☐State ☐Political Subdivision	
Name of Business (if applicable):	
Name of Income Source:	
Address:	
City, State, Zip:	
Amount of Income (exact dollar amount): \$	
□Filer □Spouse □Business	
Type of Income: State Political Subdivision	
Name of Business (if applicable):	
Name of Income Source:	
Address:	
City, State, Zip:	
Amount of Income (exact dollar amount): \$	

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.

^{*} You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

^{*} You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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Schedule O: Income from a Governmental Entity

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

and the control of th	
Filer Spouse	
Name of Governmental Entity:	
Nature of Contract/Sub-Contract:	
Value (of thing of economic value) Derived:	
Filer Spouse	
Name of Governmental Entity:	
Nature of Contract/Sub-Contract:	
Value (of thing of economic value) Derived:	
∏Filer	
Name of Governmental Entity:	
Nature of Contract/Sub-Contract:	
Value (of thing of economic value) Derived:	
☐Filer ☐Spouse	
Name of Governmental Entity:	
Nature of Contract/Sub-Contract:	
Value (of thing of economic value) Derived:	

* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

*"Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).

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